

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 27 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 629195

1. Corporation Name

BARON ANTIQUE SHOWS, INC.

2. Principal Office Address

266 N.E. 70th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33138

Country

USA

3. Mailing Office Address

266 N.E. 70th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33138

Country

USA

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/79

5. FEI Number
59-1948840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KERRY E. ROSENTHAL

Street Address (P.O. Box Number is Not Acceptable)

2875 N.E. 191 Street

Suite, Apt. #, Etc.

Suite 500

City

Aventura

State

FL

Zip Code

33180

900003415358--4

10/05/00-01092-009

***758.75 ***758.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent:

REGISTERED AGENT MUST SIGN

Date 9-26-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	BARON, LOUIS	266 N.E. 70 Street	Miami, FL 33138
S/T	BARON, JOAN	266 N.E. 70 Street	Miami, FL 33138

LS

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-00

Date

(305) 754-4931

Daytime Phone #

CR2E081 (9/99)